## Utah Department of Public Safety Division of Emergency Services and Homeland Security COURSE REGISTRATION FORM

## Community Emergency Response Team Train-the-Trainer- Oct. 15-16, 2004 Location: Hyde Park, UT

1. PRINT NAME:	2. Please Select One:	3. Social Security Number:	
(To appear on your certificate of completion):	Mr. [ ] Mrs. [ ] Ms. [ ] Miss [ ] Rank (Dr., Lt., Sgt., Chief, etc.):	(must provide if first time participant)	
4. Home Address (Number, Street, City/Town, State, Zip Code):	5. Home Telephone Number:  ( ) -	6. Work Telephone Number:  ( ) -	
7. Name and Complete Address of Organization Being Represented:	8. Current Emergency Management Position:	9. Contact Fax Number: ( ) -	
10. Year of last basic CERT course taken:			
11. Related Teaching Experience/Training:			
12. Related Fire Safety Experience/Training:			
13. Related Medical Experience/Training:			
14. Related Search and Rescue Experience/Training:			
15. Other Related Experience/Training:			
16. Please Note Any Special Needs or Requests: (Vegetarian, Medical Conditions, etc.):			
17. I live over 50 Miles (one way) from the course site.  Please provide me with a room for the evenings of: ? [ ] ? [ ] and Smoking [ ] Non-smoking [ ]			
18. E-mail address (Please provide for sending course information faster):			
Mail or Fax Form to: Room 1110 State Office Building, PO Box 141710, Salt Lake City, Utah 84114-1710  Fax Number: (801) 538-3770 Phone Number: (801) 538-3400  Please visit the DES Website Training Schedule for Additional Courses: www.des.utah.gov			

SIGNATURE OF APPLICANT:	DATE:	
SIGNATURE OF SUPERVISOR:	DATE:	